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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR04/00085 01/16/2004

**** FOREIGN APPLICATIONS *******

FRANCE 03/00506 01/17/2003

**** IF REQUIRED, FOREIGN LICENSING LICENSE GRANTED *** SMALL ENTITY ****

03/12/2007

| Foreign Priority claimed 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
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| Verified and Acknowledged /QIUYEN MI/ Examiner's Signature | | Initials | FRANCE | 0 | 22 | 1 |

ADDRESS

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TITLE

Composition for oral administration containing capsaicinoids

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 565 | FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following: | <input type="checkbox"/> All Fees |
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